

County: Grant  
 FENNIMORE GOOD SAMARITAN CENTER  
 1850-11TH STREET

Facility ID: 3430

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FENNIMORE 53809 Phone: (608) 822-6100 Ownership: Nonprofit Church/Corporation  
 Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled  
 Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? Yes  
 Number of Beds Set Up and Staffed (12/31/03): 68 Title 18 (Medicare) Certified? Yes  
 Total Licensed Bed Capacity (12/31/03): 68 Title 19 (Medicaid) Certified? Yes  
 Number of Residents on 12/31/03: 60 Average Daily Census: 62

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		30.0
Supp. Home Care-Personal Care	No					1 - 4 Years		30.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.7	More Than 4 Years		28.3
Day Services	Yes	Mental Illness (Org./Psy)	20.0	65 - 74	8.3			----
Respite Care	Yes	Mental Illness (Other)	6.7	75 - 84	21.7			88.3
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	55.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	13.3	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.7		----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	8.3		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	28.3	65 & Over	98.3	-----		
Transportation	No	Cerebrovascular	6.7		-----	RNs		9.7
Referral Service	No	Diabetes	6.7	Gender	%	LPNs		12.5
Other Services	No	Respiratory	1.7		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	20.0	Male	33.3	Aides, & Orderlies		
Mentally Ill	No		----	Female	66.7			
Provide Day Programming for			100.0		----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

Medicare (Title 18)				Medicaid (Title 19)				Other		Private Pay			Family Care		Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	36	94.7	114	0	0.0	0	21	95.5	130	0	0.0	0	0	0.0	0	57	95.0
Intermediate	---	---	---	2	5.3	95	0	0.0	0	1	4.5	124	0	0.0	0	0	0.0	0	3	5.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		38	100.0		0	0.0		22	100.0		0	0.0		0	0.0		60	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	16.4	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	4.5	Bathing	0.0	91.7	8.3	60
Other Nursing Homes	4.5	Dressing	18.3	75.0	6.7	60
Acute Care Hospitals	73.1	Transferring	40.0	51.7	8.3	60
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	31.7	60.0	8.3	60
Rehabilitation Hospitals	0.0	Eating	75.0	21.7	3.3	60
Other Locations	1.5	*****				
Total Number of Admissions	67	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	10.0	Receiving Respiratory Care		11.7
Private Home/No Home Health	39.3	Occ/Freq. Incontinent of Bladder	46.7	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	13.1	Occ/Freq. Incontinent of Bowel	6.7	Receiving Suctioning		0.0
Other Nursing Homes	3.3			Receiving Ostomy Care		0.0
Acute Care Hospitals	9.8	Mobility		Receiving Tube Feeding		0.0
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets		16.7
Rehabilitation Hospitals	0.0					
Other Locations	3.3	Skin Care		Other Resident Characteristics		
Deaths	31.1	With Pressure Sores	13.3	Have Advance Directives		61.7
Total Number of Discharges (Including Deaths)	61	With Rashes	0.0	Medications		
				Receiving Psychoactive Drugs		41.7

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Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Nonprofit %	Peer Group Ratio	Bed Size: 50-99 %	Peer Group Ratio	Licensure: Skilled %	Peer Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	88.2	94.0	0.94	88.0	1.00	88.1	1.00	87.4	1.01
Current Residents from In-County	93.3	77.2	1.21	72.9	1.28	69.7	1.34	76.7	1.22
Admissions from In-County, Still Residing	32.8	23.9	1.37	20.1	1.63	21.4	1.53	19.6	1.67
Admissions/Average Daily Census	108.1	101.9	1.06	129.5	0.83	109.6	0.99	141.3	0.76
Discharges/Average Daily Census	98.4	102.4	0.96	130.3	0.76	111.3	0.88	142.5	0.69
Discharges To Private Residence/Average Daily Census	51.6	39.2	1.32	52.2	0.99	42.9	1.20	61.6	0.84
Residents Receiving Skilled Care	95.0	96.3	0.99	93.7	1.01	92.4	1.03	88.1	1.08
Residents Aged 65 and Older	98.3	97.2	1.01	94.2	1.04	93.1	1.06	87.8	1.12
Title 19 (Medicaid) Funded Residents	63.3	64.2	0.99	66.3	0.96	68.8	0.92	65.9	0.96
Private Pay Funded Residents	36.7	25.9	1.42	21.6	1.70	20.5	1.79	21.0	1.75
Developmentally Disabled Residents	0.0	0.5	0.00	0.5	0.00	0.5	0.00	6.5	0.00
Mentally Ill Residents	26.7	38.5	0.69	36.2	0.74	38.2	0.70	33.6	0.79
General Medical Service Residents	20.0	20.1	0.99	21.5	0.93	21.9	0.91	20.6	0.97
Impaired ADL (Mean)	37.7	51.0	0.74	48.4	0.78	48.0	0.78	49.4	0.76
Psychological Problems	41.7	53.0	0.79	53.4	0.78	54.9	0.76	57.4	0.73
Nursing Care Required (Mean)	5.2	7.7	0.67	6.9	0.75	7.3	0.72	7.3	0.71